

Date: October 2018

To: All managed care plan providers

From: The Ohio Department of Medicaid

Subject: Unified preferred drug list

The Ohio Department of Medicaid, in partnership with the Medicaid managed care plans (MCPs), is moving toward creating a unified preferred drug list (PDL). The goals of this initiative include:

- Allowing for a standard process across Ohio Medicaid fee-for-service (FFS) and the MCPs to support population health initiatives
- Reducing administrative burden for providers by simplifying and streamlining the prescribing and prior authorization processes
- Minimizing member movement across MCPs

Beginning January 1, 2019, all Ohio Medicaid MCPs will prefer the same medications and use the same prior authorization criteria for diabetes drugs (insulin and non-insulin), hepatitis C drugs, and medication assisted treatment (MAT) for opioid use disorder. ODM is using a phased-in approach to build a unified PDL, adding more categories to it later in 2019.

Thank you in advance for your cooperation. Providers may refer to the ODM Pharmacy website <https://pharmacy.medicaid.ohio.gov/> under “Drug Coverage” for more information or can contact [MEDICAID\\_PHARMACY@medicaid.ohio.gov](mailto:MEDICAID_PHARMACY@medicaid.ohio.gov) with questions or concerns.

## Ohio Medicaid Unified Preferred Drug List Effective January 1, 2019

This list is intended to be a quick reference for providers. Please see the Ohio Medicaid preferred drug list available at <https://pharmacy.medicaid.ohio.gov/drug-coverage> for the full list of drugs and applicable safety and utilization limits.

### Diabetes

#### Insulin

Preferred: No prior authorization required

- Lantus® vial and pen (insulin glargine)
- Levemir® vial and pen (insulin detemir)

#### Non-Insulin

Preferred: Step therapy required

- Januvia® (sitagliptin)
- Tradjenta® (linagliptin)
- Farxiga® (dapagliflozin)
- Jardiance® (empagliflozin)

### Medication assisted treatment of opioid addiction

Preferred: No prior authorization required

- Bunavail® buccal film (buprenorphine/naloxone)
- Buprenorphine SL tablets (generic of Subutex®)
- Buprenorphine/Naloxone SL tablets
- Suboxone® SL film (buprenorphine/naloxone)
- Zubsolv® SL tablets (buprenorphine/naloxone)

### Antivirals for hepatitis C

Preferred: Clinical prior authorization required

- Epclusa® (sofosbuvir/velpatasvir)
- Mavyret® (glecaprevir and pibrentasvir)
- Zepatier™ (elbasvir and grazoprevir tablet)